

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse SidePage 1 of 3 Pages

CLAIMANT'S NAME Joe Camicia			SSN or EMPLOYEE NUMBER*			DEPARTMENT OCIO		
POSITION Chief of Staff		CB/ID No.		DIVISION or BUREAU Office of the State Chief Information Officer			INDEX NUMBER	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 1325 J Street, Suite 1600				TELEPHONE NUMBER (916) 319-9223
CITY		STATE CA	ZIP CODE		CITY Sacramento		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS  
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE    TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
06/03	1628	Sacramento to San Francisco						RC			0.00		0.00	
06/04		San Francisco		6.00	10.00	18.00		RC	17.00		0.00		51.00	
06/05	0700	San Francisco to Sacramento						RC			0.00	29.70	29.70	
06/11	0800 1700	Auburn						PC		61.00	33.55		33.55	
06/19	0800 1900	Napa						PC		127.00	69.85		69.85	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	6.00	10.00	18.00	0.00	0.00		17.00	188.00	103.40	29.70	184.10
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

\$184.10

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/03-05: Attended an all day meeting in San Francisco at the PUC.

06/11: Traveled to Auburn to attend a Regional ARRA Meeting.

06/19: Attended an all day CFEE meeting in Napa.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

MAK'S  
1101 BROADWAY  
SACRAMENTO

STATION NUMBER  
06531464001

06/05/09 06:59  
JOSEPH CAMICIA  
UTCA CREDIT  
}

PUMP# 10 REGULAR  
GALLONS 10.387  
@ \$2.859/GAL  
FUEL \$29.70

TOTAL \$29.70

SEQ NUM 11490  
AUTH# 06526C

THANK YOU, PLEASE  
COME AGAIN.

## TOLL RECEIPT

California Department of Transportation

CALTRANS - ATCAS  
Carquinez Strait Bridge

Thank You !!

06/04/09 17:36:44 LANE: 12 ID: 487  
CLASS: 12 \$ 4.00 CASH

Ticket/Tranact: 059080 0000120986  
Lic/St/Park: 6CEA607  
Model/Make:  
Garage Loc: CHINA BASIN  
Request Loc: CHINA BASIN  
Arrival Date: 06/04/2009 11:01  
Request Date: 06/04/2009 11:50  
Customer:  
Cashier: RONNIE  
Parking Charge: 9.00 01 DAILY  
Discounts: 0.00  
Services: 0.00  
Surcharge Tax: 0.00  
Sales Tax: 0.00  
Amount Paid: 9.00  
Amount Tendered: 9.00  
Change Due: 0.00



CHINA BASIN LANDING  
Thank You For Using Ace Parking.  
Please Call 415-625-0755 For Any  
Questions Or Comments.

TRIP TO SF  
FOR PUE MTG.





OWNER OF VEHICLE: ENTERPRISE RENT-A-CAR COMPANY OF SACRAMENTO  
BRANCH ADDRESS: 1409 16TH STREET, SACRAMENTO, CA. 958145003 (916) 444-7600

Cherry

MO 7:30 AM - 6:00 PM TU 7:30 AM - 6:00 PM  
WE 7:30 AM - 6:00 PM TH 7:30 AM - 6:00 PM  
FR 7:30 AM - 6:00 PM SA 9:00 AM - 12:00 PM  
SU CLOSED REF# 50BKVO

DATE IN 06/03/2009 4:28 PM		RENTAL TYPE BUSINESS	SOURCE # DBCA335	I.D. # 001	RENTAL AGREEMENT NO. D 353732
START CHARGES IF DIFFERENT		RENTAL CARICIA JOE			
ORIGINAL VEHICLE		VEHICLE \$11.16/HOUR \$33.46/DAY			
COLOR 1-BLU	LICENSE NO. 6CEA607				
MODEL SPEC	ECAR# DE36K0				
MILE-AGE IN OUT 30313	EMPLOYEE #	BILL TO Y COMPANY OCIO-STATE CHIEF INFO. OFFICER** ATTN: UNKNOWN PHONE (916) 787-4500 EXT. REFERENCE NUMBER:			
CONDITION AND FUEL LEVEL AGREED TO RENTAL		ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVERS PERMITTED			
X=DENT -- SCRATCH OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F No Gasoline Refunds		WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT RENTAL PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.			
DAMAGE WAIVER NOTICE: RENTAL ACKNOWLEDGES RECEIPT OF ORAL DISCLOSURE THAT DAMAGE WAIVER MAY BE DUPLICATIVE OF COVERAGE MAINTAINED UNDER HIS OR HER OWN POLICY OF MOTOR VEHICLE INSURANCE. THE PURCHASE OF DAMAGE WAIVER IS OPTIONAL AND MAY BE DECLINED.		RENTAL DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PAGE 2, PARAGRAPH 6. RENTAL: X Declines DW RENTAL ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE DW NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16. DW IS NOT INSURANCE. RENTAL: X Accepts DW			
RENTAL: X		RENTAL DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PAGE 2, PARAGRAPH 9. RENTAL: X Declines PAI RENTAL ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PAGE 3, PARAGRAPH 18. RENTAL: X Accepts PAI			
RENTAL: X		RENTAL DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PAGE 2, PARAGRAPH 7. RENTAL: X Declines SLP RENTAL ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PAGE 3, PARAGRAPH 17. RENTAL: X Accepts SLP			
RENTAL: X		ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTAL" UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.			
REPLACEMENT VEHICLE		RENTAL DATE 06/03/2009			
COLOR	LICENSE NO.	OWNER REP X			
MODEL	ECAR#	EMPL. # E223FB			
MILE-AGE IN OUT	EMPLOYEE #	I WILL RETURN CAR BY: DATE 06/04/2009 TIME 4:30 PM DEPOSIT(S): AMOUNT PAID BY			
CONDITION AND FUEL LEVEL AGREED TO RENTAL		ADDITIONAL INFORMATION			
X=DENT -- SCRATCH OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F No Gasoline Refunds		TOTAL CHARGES DEPOSITS REFUNDS AMOUNT DUE CLOSED BY PAID BY CASH CHECK CHARGE RECEIPT OF CASH REFUND DATE AMOUNT RECEIVED			